

RECEIVED
CENTRAL FAX CENTER

APR 18 2005

**facsimile
TRANSMITTAL**

Date: April 18, 2005

No. of Pages: 13 (including this cover sheet)

Fax No.: (703) 872-9306

PLEASE DELIVER THE FOLLOWING PAGES IMMEDIATELY TO:

Name: Commissioner of Patents

Art Unit: 5925

Examiner: Julie B. Lieu

Phone: (571) 272-2978

From: Tom H. Dao
Reg No. 44,641Re: Application No. 10/648,943
Filed August 28, 2003
Entitled ENHANCED VISIBILITY TRAFFIC SIGNAL

File: 51016/THD/J237

*Missing 2 pages*I HEREBY CERTIFY THAT THIS PAPER IS BEING FACSIMILE TRANSMITTED TO
THE UNITED STATES PATENT AND TRADEMARK OFFICE ON April 18, 2005.
Barbara Lopez***Correspondence: TERMINAL DISCLAIMER TO OBVIATE A DOUBLE
PATENTING REJECTION (2 pgs) and TRANSMITTAL FOR TERMINAL DISCLAIMER
TO OBVIATE A DOUBLE PATENTING REJECTION (1 pg), RESPONSE TO OFFICE ACTION
(9 pgs),**04/25/2005 PYARBORO 00000003 031728 10648943
01 FC:2814

65.00 DA

**For Office Services Use Only
Return Fax to Barb****Christie, Parker & Hale, LLP**
350 West Colorado Boulevard
Post Office Box 7068
Pasadena, CA 91109-7088
626-795-9900
Fax: 626-577-8800**confidential**

The information in this transmission is confidential and is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is prohibited. If you have received this communication in error, please notify us immediately by telephone collect, and return the original message to us at the above address via U.S. mail. We will reimburse you for postage. Thank you.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10-648-943

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	32	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	32 minus 20=	* 12
INDEPENDENT CLAIMS	5 minus 3=	* 2
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

4/18/05

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 32	Minus ** 32	=
Independent	* 5	Minus *** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X\$ 9=	108	OR	X\$18=	
X42=	84	OR	X84=	
+140=		OR	+280=	
TOTAL	567	OR	TOTAL	

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.